VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 18, 2015

Ms. Brenda Egbert, Administrator
Bradford Oasis
92 Cottage Street
Bradford, VT 05033-8897

Dear Ms. Egbert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 17, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 2/17/15. Based on information gathered, the following regulatory violations were cited.	R100	Please see attached plans of correction.	
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that	R114		

R114-R134 POC accepted JHosmer RN | PME 3/16/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R114	Continued From page 1	R114		

the resident may remain in the room or home during the appeal.

iv. Place a copy of the notice in the resident's clinical record.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to provide written notice of discharge to 1 of 3 residents in the sample (Resident #1), with such notice containing the required format, appeal rights, and statement of right to return pending appeal of the discharge. Findings include:

1. During interview with the Administrator/Registered Nurse (RN) on 2/17/15 at 10:15 AM, Resident #1 was described as having "shifted" in demeanor about 2 weeks after admission on 11/12/14. Resident #1 had a diagnosis of Parkinson Disease with oral medication for this (Sinemet) ordered for 8 AM, 10 AM, noon, 2 PM, 4 PM, 6 PM, 8 PM and 10 PM. Per the interview and written nurse notes, Resident #1 became increasingly demanding regarding meals and television viewing, began arguing with staff and showing anger on or about 11/29/14. Notes indicate medication refusals on 11/30 and 12/5/14 and continuing anger with staff. On 12/11/14, Resident #1 is documented as displaying verbal sexual behavior toward staff and requested kisses and hugs, and more than usual assistance washing in the shower. On 12/14/14 staff called the Administrator/RN regarding an elopement by Resident #1 to the street at about 7:30 AM. Once on site, the RN reported in the interview and in written notes that Resident #1 calmed down and went inside to lie down, later

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R114	Continued From page 2 requesting staff to call 911 and yelling out the door "Call 911". After arrival of emergency medical services, Resident #1 refused transfer to either Cottage Hospital, Woodsville, NH or Dartmouth Hitchcock Medical Center, Lebanon, NH and requested transfer to Gifford Hospital, Randolph, VT. The guardian was consulted regarding the transfer and agreed, per RN interview and written notes. The transfer to Randolph required supervisory consent (obtained) and the guardian was advised of possible additional costs. There was no evidence in the medical record or during the Administrator/RN interview of 2/17/15 at 10:15 AM that the primary care physician had been consulted regarding either the escalating changes in mood and behavior, nor the transfer of Resident #1 to hospital. At 10:50 AM on 2/17/15 the Administrator/RN confirmed that no written notice of discharge had been issued Resident #1, and the licensing agency had not been contacted regarding an emergency discharge. There was no evidence of a physician statement or any credible threat by Resident #1 to self or others at the time of transfer to hospital. At 11:00 AM on 2/17/15 the Administrator/RN confirmed stating to hospital personnel by telephone 12/14/14 that Resident #1 would not be readmitted to the home.	R114		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.	R126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R126	Continued From page 3	R126		

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to provide or arrange after admission necessary services to meet the resident's personal, psychosocial, and medical care needs for 1 of 3 residents in the applicable sample (Resident #1). Findings include:

1. During interview with the Administrator/Registered Nurse (RN) on 2/17/15 at 10:15 AM, Resident #1 was described as having "shifted" in demeanor about 2 weeks after admission on 11/12/14. Resident #1 had a diagnosis of Parkinson Disease with oral medication for this (Sinemet) ordered for 8 AM, 10 AM, noon, 2 PM, 4 PM, 6 PM, 8 PM and 10 PM. Per the interview and written nurse notes, Resident #1 became increasingly demanding regarding meals and television viewing, began arguing with staff and showing anger on or about 11/29/14. Notes indicate medication refusals on 11/30 and 12/5/14 and continuing anger with staff. On 12/11/14, Resident #1 is documented as displaying verbal sexual behavior toward staff, requested kisses and hugs, and requested more than usual assistance washing in the shower. On 12/14/14 staff called the Administrator/RN regarding an elopement by Resident #1 to the street at about 7:30 AM; Resident #1 was later transferred to hospital by emergency medical services. There was no evidence in the medical record that the primary care physician had been consulted regarding either the escalating changes in mood and behavior, the medication refusals, nor the transfer of Resident #1 to hospital. At 11:00 AM on 2/17/15, the Administrator/RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R126	Continued From page 4 confirmed that the physician had not been consulted regarding possible Sinemet medication side effects, nor advised regarding the behavior changes or the transfer to hospital.	R126		
R134 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to complete within 14 days of admission an assessment using an assessment instrument provided by the licensing agency for 3 of 3 residents in the applicable sample (Residents #1, 2, 3). *This is a repeat deficiency* Findings include: 1. During record review for Residents #1, 2, and 3 on 2/17/15, the surveyor found no evidence of assessment by the RN using an assessment tool provided by the licensing agency. There was evidence in nurse notes and other medical documents that the RN had done nursing assessment and formed care plans for each of the 3 residents reviewed. During an interview at noon on 2/17/15, the RN confirmed being	R134		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0618	A. BUILDING: _____ B. WING _____	C 02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD OASIS	92 COTTAGE STREET BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R134	Continued From page 5 unaware of the assessment tool provided by the licensing agency and confirmed having not used the tool to conduct assessments for Residents #1, 2, and 3 within 14 days of admission.	R134		

BRADFORD OASIS

PLAN OF CORRECTION

2/17/2015 SURVEY

R114 5.3a Involuntary discharge or transfer of residents

Bradford Oasis did not notify anyone of an involuntary discharge because a planned discharge had not been considered. We considered him to be willfully testing his boundaries and exerting his will upon the household. The resident's behavior was becoming disruptive, but we were trying to negotiate behavior modifications and guidelines to make a smoother relationship between the resident, other residents, and the staff. Bradford Oasis further did not follow protocol by notifying the licensing agency after emergency discharge was completed.

In the future, when Bradford Oasis feels it necessary, administration will begin 30 day involuntary discharge and will follow the required process. Procedure for emergency discharge will also be followed. Resident, resident's representative, licensing agency, and physician will be notified as required. Manager and staff RN will initiate, oversee, and follow up on the process should this process be necessary.

R126 5.75a ~~Upon~~ admission necessary services will be provided to meet resident's personal, psychosocial, nursing, and medical care needs.

Bradford Oasis did provide for the resident's needs based on PCP visit shortly after admission and household negotiations of behavior. Bradford Oasis is remiss in obtaining a written account of the visit contents. It was requested but receipt was not followed up. Resident sinemet dosing disease had been stable for several months, but he wanted an additional dose in early am. PCP was not comfortable adjusting his medications as he had requested. PCP requested a neurology consult for Parkinson's management. Bradford Oasis was waiting for consult appointment when discharging event occurred.

In the future, Bradford Oasis will be diligent in obtaining MD notes for resident record. Bradford Oasis will more fully document behavioral negotiations with residents over household issues. Manager and RN will

R134 5.7 Lack of resident assessment

Bradford Oasis was unaware of licensing agency document for resident assessment. This document has now been obtained and assessments completed for all residents including a resident admitted this week. Resident assessments will be performed by manager or RN for every new admission and annually and for any significant change in condition. This process will be monitored by manager and RN. Assessments will be held in resident charts.

All correctional actions and policies have been put in place.